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Please com	plete and include this card with your pay	ment (chec	ck made payable to State of Michig a	an-Insurance) to assure proper credit.
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	Tax I.D. Number] [Amount Enclosed	When complete, return to: Office of Financial & Insurance Services
96-14		01	\$25.00	Insurance Division P.O. Box 30220 Lansing, MI 48909-7720